



Managed Long-Term Services and Supports: Measuring Outcomes

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Speakers

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Agenda

- Housekeeping/Introductions
- Defining Quality
- Measuring Long-Term Services and Supports (LTSS) Outcomes
- Questions/Comments

Measuring LTSS Quality

- Increasing interest in topic as MLTSS becomes more prevalent
 - 8, 16, and then 26 states in 2004, 2012, and 2014, respectively
- Different mechanisms in different states
 - Dual eligible demonstrations
 - Medicaid managed care, e.g., Florida, NJ, and NY

Defining “Quality”

- Structure, e.g., provider qualifications
- Process, e.g., screening for diabetes
- Outcomes (more person-centered), e.g., increased level of functioning

Quality Management Functions

Focus

Discovery

Remediation

Improvement

Program Design

Participant Access

Participant-Centered
Service Planning
and Delivery

Provider Capacity
and Capabilities

Participant Safeguards

Participant Rights
and Responsibilities

Participant Outcomes
and Satisfaction

System Performance

**QUALITY
FRAMEWORK**

Data/Plans Exchanged By Centers for Medicare & Medicaid Services (CMS) and States

- Waiver applications sketch out quality assurance systems
- State submits data summaries, plus record of corrective actions taken
- At least one year before waiver renewal, CMS sends findings plus any recommendations for corrective actions
 - CMS may require corrective action plan if state does not address problems adequately

Little Public Awareness of Home and Community-Based Services (HCBS) Quality Measures

- Health and Human Services (HHS) Office of the Inspector General (OIG), *Oversight of Quality of Care in Medicaid Home and Community-Based Services Waiver Programs*, Report # OEI-02-08-00170 (Jan. 2012)
 - Review of 25 states
 - Renewal of waiver programs of three states although those states did not adequately correct problems

Problems Found

- Service planning
 - Six states did not monitor adequately
 - Four states did not have adequate strategies to correct problems
- Qualified service providers
 - Five states had inadequate systems to ensure quality of providers
- Health and welfare
 - Four states had inadequate systems to track incidents of abuse or neglect

Outcome Measurement

- Measuring long-term services and supports (LTSS) outcomes – Potential tools and measurement gaps
- State advocates' role in identifying managed long-term services and supports (MLTSS) outcome measures
- Core managed LTSS/HCBS outcome measurement principles

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps

- Measure Application Partnership (MAP) questions
- Agency for Healthcare Research and Quality (AHRQ) scan (June 2010)
- Center for Personal Assistance Services, University of California San Francisco
- CMS HCBS quality measurement projects under development
- Standard LTSS/HCBS quality measurement outcome surveys In Use

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps

- **Measure Application Partnership (MAP):**
National measurement strategy for dually eligible beneficiaries
 - Quality measures in Medicaid-supported HCBS a major development gap
 - Recommended HHS fund National Quality Forum (NQF) effort on quality measures in LTSS
 - MAP reported 24 potential illustrations of person-centered concepts that warrant further investigation

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **MAP:** 24 potential illustrations of person-centered concepts that warrant further investigation including:
 - Unmet Activity of Daily Living (ADL) needs
 - Degree to which people express satisfaction with relationships
 - Degree to which people with identified health problems obtain appropriate services
 - Availability of self-direction options
 - Self-reported preventive healthcare visits

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **MAP:** Includes 11 major domains. Examples:
 - Client functioning and experience
 - Program performance
 - Choice of setting and provider
 - Quality of life and quality of care

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **Agency for Healthcare Research and Quality (AHRQ) Scan – 2010**

2005 Deficit Reduction Act instructed AHRQ to develop measures in domains of:

- Client functioning and experience
- Program performance
- Choice of setting and provider
- Quality of life and quality of care

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **AHRQ Scan**
- Identified over 200 measure sources w/ broad themes themes, e.g., consumer surveys for people with intellectual/developmental disabilities (I/DD)
 - Some psychometric testing done
 - Few state-specific tools validated, but many solicit consumer feedback
 - No tool addressed all 21 constructs that AHRQ identified as applicable across all HCBS populations

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **AHRQ Scan**

- State-specific surveys have used AHRQ's constructs of client experience
 - Respectful treatment by direct service providers
 - Opportunities to make choices about services
 - Opportunities to make provider choices
 - Satisfaction with case management
 - Client perception of quality of care
 - Satisfaction with choice of residential setting
 - Client report of abuse or neglect
 - Availability of support for resilience and recovery (mental health services only)

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **Long-Term Quality Alliance (LTQA) Quality Measurement Workgroup Report:** Suggested areas for measurement development
 - Transitional care measures for person and family-centeredness
 - Measures that contribute to overall quality that are broader than clinical outcomes
 - Quality of life
 - Autonomy
 - Relationships
 - Compassion
 - Social supports
 - Emotional well being

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **Center for Personal Assistance Services,
University of California San Francisco**
 - Selected Inventory of Quality-of-Life Measures for Long-Term Services and Supports Participant Experience Surveys

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **CMS HCBS quality measurement project under development**
 - The Home and Community-Based Service (HCBS) Experience Survey
 - To align with AHRQ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Project
 - Will gather direct feedback from participants in Medicaid HCBS programs
 - Will provide comparable information across participants and federally funded programs

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **Standard LTSS/HCBS quality measurement outcome surveys in use**
 - National Core Indicators Adult Consumer Survey (NCI-ACS)
 - Administered to persons with DD
 - Used in 25 states
 - Participant Experience Surveys for HCBS for Elderly and Disabled (PES-E/D)
 - Developed by CMS in 2003
 - Administered face to face
 - Focuses on access to care, choice and control, respect/dignity, community integration/inclusion

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **Standard LTSS/HCBS quality measurement outcome surveys in use**
 - Wisconsin Personal Experience Outcomes Integrated Interview and Evaluation System (PEONIES)
 - Personal experience measured using individual goals
 - Money Follows the Person Quality of Life Survey
 - Target population includes persons with disabilities (PWDs)/people with long-term illness transitioning from institutions to community settings

Measuring LTSS Outcomes – Potential Tools and Measurement Gaps (continued)

- **Standard LTSS/HCBS quality measurement outcome surveys in use**
 - Personal Outcome Measures: Council on Quality and Leadership (CQL)
 - Focuses on community agencies
 - Offers products to determine whether services ensure consumer choice, satisfaction and participant direction

Advocates' Role in Identifying Managed LTSS Outcome Measures

- Information available about areas in which information should be collected
- Consider existing surveys and related tools
- See DREDF/NSCLC *Identifying and Selecting LTSS Outcome Measures*
(<http://dredf.org/2013-documents/Guide-LTSS-Outcome-Measures.pdf>)

Managed LTSS/HCBS Principles

- The measurement process is person-centered
- Measurement examines Quality of Life (QoL) outcomes
- Measurement outcomes inform Continuous Quality Improvement (CQI)

**System Design → Discovery → Remediation
→ Improvement**

Identifying Useful and Valid Measures

- Clarify your purpose and keep it in mind when considering measures
- Seek input from stakeholders, including consumers
- Consider using existing measures, either as is or as a starting point for further development

Identifying Useful and Valid Measures (continued)

- Selecting or developing measures is generally a trade-off among several issues:
 - How relevant are the measures to the purpose?
 - To what extent can the results be used for comparison?
 - Are findings likely to influence policy?
 - Will policy makers (or advocates) care?
 - Will policy changes affect measured outcomes?
 - How difficult is it to obtain the needed data?
 - Have the measures been tested for validity?
 - Are you measuring what you think you're measuring?
 - Can people understand the questions? (Esp. surveys)

Data Sources

- Program data, such as overall (aggregate) program expenditures, expenditures on HCBS versus institutional
 - Traditionally reported to CMS, must continue in MLTSS
- Utilization data, such as hospitalization rates, receipt of specific services, costs per member
 - From program (i.e., Medicaid) records; future?
- Assessment data, level of need among participants
 - Comparison hampered by lack of uniformity
- Data obtained from consumers through surveys, interviews
 - Generally the only source of QOL, consumer-control, satisfaction data

Information Should Be Made Public

- Helpful reports include:
 - Person-Centered Outcomes
 - Reaching person-centered goals measured against cost and service utilization
 - Beneficiary satisfaction, including unmet need
 - Rebalancing
 - Number of persons in different LTSS settings
 - HCBS and institutional expenditures, gross and per capita
 - Length of stay in HCBS and nursing facility
 - Number of persons in transition from facility to HCBS, and HCBS to facility
 - Appeals
 - Summaries
 - Trends

Infrastructure Improvements

- Person-centered processes throughout system, with training for staff at *all* levels
- Independent Ombudsman to assist with managed care issues, with adequate background in person-centered principles
- Site visits by managed care organizations (MCOs)
- Review of adequate sample of person-centered plans

Reporting

- Critical incident reporting
 - E.g., abuse, suspicious deaths, neglect, care provider absences
- Early warning reporting
 - Identify problems before injuries or other bad outcomes
- Complaints
 - Look for trends

Suggested Action Steps

- Inspect existing outcome surveys
 - Ask state for any surveys used to measure LTSS outcomes in HCBS Waiver programs
 - Review surveys for appropriateness to desired measurement goals
 - Identify gaps and provide suggestions to fill them
- Advocate for stakeholder input on quality/outcome measures
 - State could establish forums for periodic consumer/advocate input
- Advocate for required quality measures from MCOs
 - Through contract language, state- and MCO-level policies
- Recommend specific quality measures to MCOs providing LTSS

Toward a QOL survey for LTSS:

An example to illustrate one possible approach

- See “Selected Inventory of Quality-of-Life Measures for LTSS Participant Experience Surveys”
(<http://www.dredf.org/Personal-experience-domains-and-items.pdf>)
- Purpose: For people transitioned out of nursing homes (NH)
 - How are they faring in the community?
 - Has their QOL demonstrably improved?
- Approach (first steps)
 - Ask stakeholders what they think is important
 - Better: Ask consumers what they think is important
 - Identify appropriate domains (i.e., conceptual framework) for QOL/quality/whatever you want to measure

Personal Experience Outcomes Integrated Interview and Evaluation System (PEONIES)

- A set of “personal experience outcomes”/QOL domains developed for use in Wisconsin’s HCBS programs
- Very independent living, consumer-directed focus
- Not a measurement tool, but instead a list of important areas for measurement
 - Used in Wisconsin for individual goal-setting
- 12 domains in three areas:
 - Choice in living arrangement, services, daily life
 - Health, safety, abuse/neglect
 - Personal experience: extent of relationships, importance of activities, community involvement, stability, respect/fairness, privacy

Toward a QOL survey for LTSS

- Approach (next steps)
 - Search for measures corresponding to the domains
 - Are there existing survey tools (entire survey or set of questions) that capture some or all of the domains?
 - Selected Inventory lists 24 survey tools & there are others
 - If so, consider using them as is. Adds credibility.
 - In this case, no such tools exist.
 - Do the surveys contain relevant individual items?
 - If so, consider using them.
 - In this case, many measures for each of the domains.
 - Don't be afraid to create your own measures.
 - Organize existing questions by domain (and sub-domain)

Example domain:

Making decisions about supports & services

Consumer direction: Hiring & firing

- Do you help pick the people who are paid to help you? (PES-E/D)
- Did you help choose the people who are paid to help you? (Minnesota Consumer Experience Survey, or MNCES)
- Did you choose (or pick) who helps you at home? (NCI-ACS)
- Did you know you can change the people who are paid to help you if you want to? (PES-E/D)

Consumer direction: Tasks

- Thinking again about the people who are paid to help you, do you tell them what to help you with? (PES-E/D)
- Do the people paid to help you listen carefully to what you ask them to do [in your home]? (PES-E/D)

Example domain: Making decisions about supports & services (continued)

Consumer direction: Services

- Can you make changes to your budget/services if you need to? (Can you decide to buy something different?) (NCI-ACS)

Consumer direction: Unwanted help

- In the past year, did staff do things that you didn't want them to do? (MNCES)
- [During period since enrollment,] about how often have people who were paid helped you do something when you did not want help? Very often, often, sometimes, or never. (Cash & Counseling 9-Month Follow-up)

Toward a QOL survey for LTSS (continued)

- Approach (further steps)
 - Think about: Administration, accessibility, proxy response
 - Obtain stakeholder feedback on preferred domains and measures
 - Draft a questionnaire
 - Make it as streamlined and consistent as possible
 - Make sure language is appropriate for audience
 - Avoid jargon that might mean something to you but not them
 - People often don't understand where their services come from

Draft questionnaire for NH transition (1 of 2)

To start, I have some questions about your living arrangement:

- Do you like where you live?
- In general, do you feel safe in your home?

Now, some questions about how you spend your time. Would you say the following statements are true, mostly true, or false?

- I have freedom and control over what I do and how I spend my time.
- I can get out of my home whenever I choose.
- I am satisfied with how much contact I have with friends and family.
- I am satisfied with my level of social and community activity.
- I am satisfied with the way I am spending my life these days.
- I feel that I am a part of my community.

Draft questionnaire for NH transition (2 of 2)

Now I have some questions about the people who are paid to help you in your home or elsewhere:

- Did you help choose the people who are paid to help you?
- Do the people paid to help you listen to what you ask them to do?
- In the past six months, do you feel that your care was ever neglected by the people who were paid to help?
- Do the people who are paid to help you respect your privacy?

Finally, here are some questions about your quality of life:

- How often do you feel lonely? Would you say very often, often, sometimes, rarely, or never?
- How would you rate your quality of life? Would you say excellent, very good, good, fair, or poor?

Toward a QOL survey for LTSS (continued)

- Approach (final steps)
 - Conduct cognitive tests (do consumers understand the questions, respond as intended?)
 - Revise as needed
 - Conduct pilot test
 - Revise as needed
 - Plan for analysis and dissemination of findings
 - Monitor whether and how it's used

Resources: *MLTSS*

- DREDF/NSCLC resources:
 - <http://dredf.org/2013-documents/Guide-LTSS-Outcome-Measures.pdf> (Guide: *Identifying and Selecting Long-Term Services and Supports Outcome Measures*)
 - <http://www.nsclc.org/index.php/mltss/> (Toolkit: *Long-Term Services and Supports: Beneficiary Protections in a Managed Care Environment*)
 - <http://dualsdemoadvocacy.org/> (NSCLC resource website on dual eligible integrated care demonstrations)
 - <http://www.dredf.org/Personal-experience-domains-and-items.pdf> (Selected Inventory of Quality-of-Life Measures for Long-Term Services and Supports Participant Experience Surveys)

Resources: *MLTSS*

- Community Catalyst resources:
 - [http://www.communitycatalyst.org/doc_store/publications/putting_consumers_first LTSSmanagedcare.pdf](http://www.communitycatalyst.org/doc_store/publications/putting_consumers_first_LTSSmanagedcare.pdf) (*Putting Consumers First: Promising Practices for Medicaid Managed Long-Term Services and Supports*)
 - [http://www.communitycatalyst.org/doc_store/publications/avenues_for_consumer_engagement ltss.pdf](http://www.communitycatalyst.org/doc_store/publications/avenues_for_consumer_engagement_ltss.pdf) (*Avenues for Consumer Engagement to Shape Medicaid Managed Long-Term Services and Supports*)
 - [http://www.communitycatalyst.org/doc_store/publications/Top Ten Duals Projects Guide Advocates.pdf](http://www.communitycatalyst.org/doc_store/publications/Top_Ten_Duals_Projects_Guide_Advocates.pdf) (*Dual Eligible Demonstration Projects: Top Ten Priorities for Consumer Advocates*)

Resources: *MLTSS*

- http://www.nasuad.org/medicaid_reform_tracker1.html
(NASUAD State Medicaid Reform Tracker)
- http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/keeping-watch-building-state-capacity-to-oversee-medicaid-managed-ltss-AARP-ppi-health.pdf (AARP Public Policy Institute -- *Keeping Watch: Building State Capacity to Oversee Medicaid Managed Long-Term Services and Supports*)
- <http://www.thescanfoundation.org/scan-foundations-conceptual-framework-integrated-care-dual-eligibles> (Health Affairs article on the SCAN Foundation's Conceptual Framework for Integrated Care for Dual Eligibles)

Resources: *MLTSS*

- Kaiser Family Foundation resources:
 - <http://www.kff.org/medicaid/upload/8243.pdf> (Issue Brief: Examining Medicaid Managed Long-Term Service and Support Programs)
 - <http://www.kff.org/medicaid/upload/8278.pdf> (Issue Brief: People with Disabilities and Medicaid Managed Care)
 - <http://www.kff.org/medicaid/upload/8290.pdf> (Policy Brief: An Update on CMS's Capitated Financial Alignment Demonstration Model For Medicare-Medicaid Enrollees)
- http://www.chcs.org/info-url_nocat5108/info-url_nocat_list.htm?attrib_id=16308 (Center for Health Care Strategies MLTSS resources)

Resources: *MLTSS*

- CMS Medicare-Medicaid Coordination Office resources:
 - <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateDemonstrationstoIntegrateCareforDualEligibleIndividuals.html> (State Demonstrations to Integrate Care for Dual Eligible Individuals)
 - <http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialModelstoSupportStatesEffortsInCareCoordination.html> (Financial Alignment Initiative)
- <http://www.integratedcareresourcecenter.net/> (CMS Integrated Care Resource Center)

Resources: **MLTSS**

- Other CMS resources:
 - <http://www.medicaid.gov/mltss/> (*Managed Long-Term Services and Supports: Resources for State Policy and Program Development*)
 - http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Downloads/MLTSSP_White_paper_combined.pdf (*The Growth of Managed Long-Term Services and Supports Program: A 2012 Update – with Truven Health Analytics*)

Resources: *Affordable Care Act*

- http://www.aoa.gov/Aging_Statistics/Health_care_reform.aspx (AoA's Health Reform web page – where webinar recordings, transcripts and slides are stored)
- <http://www.healthcare.gov/news/factsheets/2010/11/affordable-care-act-americans-disabilities.html> (Fact sheet on the Affordable Care Act for Americans with Disabilities)
- <http://www.healthcare.gov> (Department of Health and Human Services' health care reform web site)
- <http://www.thomas.gov/> (Affordable Care Act text and related information)
- <http://www.healthcare.gov/blog/2012/04/disability041812.html> (Disability, Disparities and the Health Care Law)

Questions/Comments/Stories/ Suggestions for Future Webinar Topics?

Send them to:

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